

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/009685**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
5		/		/			54						
6		/		/			55						
7		/		/			56						
8		/		/			57						
9		/		/			58						
10		/		/			59						
11		/		/			60						
12		/		/			61						
13		/		/			62						
14		/		/			63						
15		/		/			64						
16		/		/			65						
17	/		/				66						
18		/		/			67						
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37				/			86						
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39				/			88						
40				/			89						
41				/			90						
42				/			91						
43				/			92						
44				/			93						
45				/			94						
46				/			95						
47				/			96						
48				/			97						
49				/			98						
50				/			99						
				/			100						
TOTAL IND.	3		3				TOTAL IND.						
TOTAL DEP.	17		13				TOTAL DEP.						
TOTAL CLAIMS	20		16				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS